



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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BOARD OF MEDICAL PRACTICE

PHYSICIAN'S ASSISTANT APPLICATION FOR CONTROLLED PRESCRIPTIVE AUTHORITY

Please use a separate form for each supervising physician

SECTION A: To be completed by all Applicants. Please print all information.

Name: _____ SSN: _____
Home Address: _____
City _____ State _____ Zip _____
Business Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone Home: _____ Business: _____
DEA Number: _____ Email: _____

SECTION B: To be completed by supervising physician. Please print all information.

Supervising Physician: _____
Specialty: _____ DEA # _____
Business Name: _____
Address: _____
City _____ State _____ Zip _____

I can prescribe the following schedules:

Schedule II, III, IV, V , Schedule III, IV, V , Schedule IV, V , Schedule V

The Physician's Assistant identified on this form is authorized to prescribe under my supervision. My Physician's Assistant can prescribe the following schedules:

Schedule II, III, IV, V , Schedule III, IV, V , Schedule IV, V , Schedule V

The Physician's Assistant may request and issue professional samples of controlled legend medications. I am delegating this authority. Yes No

Signature of Physician _____ State Controlled Substances Number _____ Date _____

SECTION C: All applicants must complete and sign.

Certification: By signing this form, the applicant and supervising physician (if appropriate) agree that the above information is true and accurate and to promptly notify in writing the Board of Medical Practice of all changes of supervising physicians and schedules authorized. If you have been supervised previously, please provide the name(s) of any supervising physician(s) along with the practice location and dates of employment on a separate sheet of paper.

Signature _____

Date _____

Disclosure of a social security number is mandatory in accordance with 29 *Del. C.* § 8807 and 42 U.S.C. § 405 for the purpose of child support obligation enforcement. Disclosure may also occur: 1) to a governmental agency for civil or criminal law enforcement if authorized by law; 2) to a State agency for purposes related to the administration of any tax; or 3) for any purpose permitted or authorized under 42 U.S.C. § 405.